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# KILYK & BOWERSOX, P.L.L.C.

*Intellectual Property Law*

*From the Desk of*  
**LEONARD D. BOWERSOX**

3603-E Chain Bridge Road  
FAIRFAX, VA 22030

WARRENTON OFFICE  
400 Holiday Court, Suite 102  
Warrenton, Virginia 20186

Email: [lbowersox@kbpattentlaw.com](mailto:lbowersox@kbpattentlaw.com)  
Website: <http://www.kbpattentlaw.com>

TEL: (703) 385-9688  
FAC: (703) 385-9719  
(703) 385-9747

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## FACSIMILE TRANSMISSION COVER SHEET

DATE: November 2, 2007

TO: U.S. Patent and Trademark Office  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

EXAMINER: Kaj K. Olsen, Group Art Unit 1795

RE: U.S. Patent Application No. 10/800,388  
For: MICRODEVICE WITH INTEGRATED MEMORY  
Our Ref.: 5010-095-01

FROM: Leonard D. Bowersox 

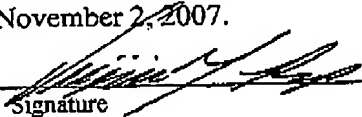
FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 3

Papers Filed Herewith: Transmittal Form (1 page)  
Request for Status (1 page)

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Virginia J. Byers  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/800,388			
		Filing Date	March 12, 2004			
		First Named Inventor	Jeffery D. FRAZIER			
		Group Art Unit	1795			
		Examiner Name	Kaj K. Olsen			
Total Number of Pages in This Submission	2	Attorney Docket Number	5010-095-01			
ENCLOSURES (check all that apply)						
<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)  <input type="checkbox"/> After Allowance Communication to Group </td> <td style="vertical-align: top;"> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input checked="" type="checkbox"/> Status Letter  <input type="checkbox"/> Acknowledgement Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):   <div style="text-align: right;">Customer No. 35411</div> </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="text-align: right;">Customer No. 35411</div>
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="text-align: right;">Customer No. 35411</div>				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	Leonard D. Bowersox					
Signature						
Date	November 2, 2007					
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on November 2, 2007.						
Type or printed name	Virginia J. Byers					
Signature		Date	November 2, 2007			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO :Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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Virginia J. Byers  
Name of Person Signing Certificate

Signature

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

Jeffery D. FRAZIER

Serial No.: 10/800,388

Filed: March 12, 2004

Confirmation No. 8858

Group Art Unit: 1795

Examiner: Kaj K. Olsen

For: MICRODEVICE WITH INTEGRATED MEMORY

**REQUEST FOR STATUS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

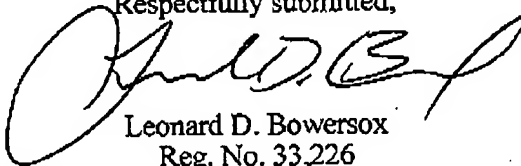
November 2, 2007

Sir:

The undersigned attorney requests the status of the above-identified application. The application was filed on March 12, 2004, in the United States Patent and Trademark Office and to date no Office Action has been received.

It is believed that no fees are due in connection with the filing of this Request. If, however, any fees are due in connection with this paper, please charge such fees to our Deposit Account No. 50-0925.

Respectfully submitted,



Leonard D. Bowersox  
Reg. No. 33,226

KILYK & BOWERSOX, P.L.L.C.  
3603-E Chain Bridge Road  
Fairfax, VA 22030  
Tel.: (703) 385-9688  
Fax.: (703) 385-9719